## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION IFA OMI INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

# H15000065888

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:	
IFA OMI INC	_
ARTICLE 11 PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
4543 w 14 et Halpan. Ft 33014.	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Picando Dorta (P) Yaineisy Pino (VP)	
Yainersy Vino (VP)	
ĀS	<b>5</b>
7 (E) 2-57	5 HA
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	<del>20</del>
	₹
	ထ် - <u>F</u>
	17
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
RICARDO DORTA 4543 W14CT Hialeah FL	
33014	

### Required Signatures:

Having been named as registered agent to accept service of process for the above-stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent

3-16-15

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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Incorporator

3-16-15

Date

SUSPECIMENT OF STATE